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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1/1168
First Named Inventor	Pascale POUZET
<i>COMPLETE IF KNOWN</i>	
Application Number	10 / 058,456
Filing Date	January 28, 2002
Group Art Unit	1614
Examiner Name	to be assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Alkylphenyliminoimidazolidine Derivatives for Treating Urinary Incontinence

the specification of which *(Title of the Invention)*
 is attached hereto
OR
 was filed on (MM/DD/YYYY) **01/29/2002** as United States Application Number or PCT International

Application Number 10/058 456 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
101 06 214.1	Germany	02/10/2001	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **28501** → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

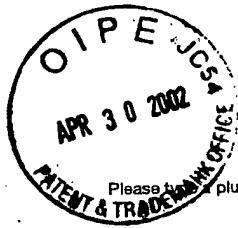
Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	David A. Dow	46,124

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number **28501** OR Correspondence address below

Name			
Address			
Address			
City		State	ZIP
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname		
Pascale			POUZET		
Inventor's Signature	<i>Pascale Pouzet</i>				
Residence: City	Biberach	State	Country	Germany	Citizenship
Post Office Address	Kappenzipfel 4				
Post Office Address					
City	Biberach	State	ZIP	88400	Country
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

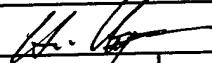


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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Franz				ESSER			
Inventor's Signature					03/14/02		Date
Residence: City	Ingelheim	State		Country	Germany	Citizenship	DE
Post Office Address	Posener Strasse 30						
Post Office Address							
City	Ingelheim	State		ZIP	55218	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Matthias				HOFFMANN			
Inventor's Signature					03/29/02		Date
Residence: City	Mittelbiberach	State		Country	Germany	Citizenship	DE
Post Office Address	Sonnenweg 17						
Post Office Address							
City	Mittelbiberach	State		ZIP	88441	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hisato				KITAGAWA			
Inventor's Signature					03/29/02		Date
Residence: City	Osaka	State		Country	Japan	Citizenship	JP
Post Office Address	5-19-10 Kofudai, Toyono-cho, Toyono-gun						
Post Office Address							
City	Osaka	State		ZIP	563-0104	Country	Japan

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Case No. 1/1168

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Supplemental Sheet**Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Kenji		SAKAI					
Inventor's Signature	<i>Kenji Sakai</i>					Date	4/8/02
Residence: City	Osaka	State	Country	Japan	Citizenship	JP	
Post Office Address	3-3-25 Suimeidai, Kawanishi						
Post Office Address							
City	Hyogo	State	ZIP	666-0116	Country	Japan	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Ikunobu		MURAMATSU					
Inventor's Signature	<i>Ikunobu Muramatsu</i>					Date	4/9/02
Residence: City	Fukui	State	Country	Japan	Citizenship	JP	
Post Office Address	3-18-3 Shibahara, Matsuoka-cho, Yoshida-gun						
Post Office Address							
City	Fukui	State	ZIP	910-1134	Country	Japan	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State	Country			Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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